

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lewis Armstrong
Bel Air town Harford County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Aug 3

Day

Age

Years

41

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Ind.

Occupation

Laborer

Where Residing if not
at place of death

Bel Air Md.

Married, Single
or Widowed

Name of Wife or
Husband

Jennie Armstrong

Father's
Birthplace

Unknown

Father's
Name

Mother's
Birthplace

Unknown

Mother's
Maiden Name

Name of person giving
Information

Jennie Armstrong

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Robert S. Page
Bel Air

Accident or Suicide

Mountain

Name
in
Full

H. Irene Barner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Harrods Grace* *Harford*

MARYLAND

Date of death 1909 *Aug.* *14* Age *—* Months *5* Days *—*Sex *Female* Color or Race *White* Birth-place *Harrods Grace*Occupation *None* Where Residing if not at place of death *" " "*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *H. Edward Barner* Father's Birthplace *Harrods Grace*Mother's Maiden Name *Laura Fritz* Mother's Birthplace *Reading Pa.*Name of person giving Information *Laura Barner* How related to deceased *Mother*

CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *5 days*Immediate *Toxemia + Exhaustion* How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. W. Steiner*Address *Harrods Grace*Accident or Suicide *md*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank Brians

Town

County

MARYLAND

Dec'd at

Joppa

Harford

Date

of death

1909

8th

Day

3rd

Age

62

Months

unknown

Days

unknown

Sex

male

Color or
Reca

white

Birth-
place

Cecil Co Md.

Occupation

Merchant

Where Residing if not
at place of death

Arvin Md.

Married, Single
~~or Widowed~~

Name of Wife or
Husband

Esther

Father's
Name

unknown John Brians

Father's
Birthplace

Germany

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

Florence Brians

How related
to deceased

daughter

CAUSES OF DEATH

164

Primary

Hit by train

How long

✓

Immediata

fractured skull

How long

✓

Are the name, age, sex, color, data
and piece correctly given above?

yes

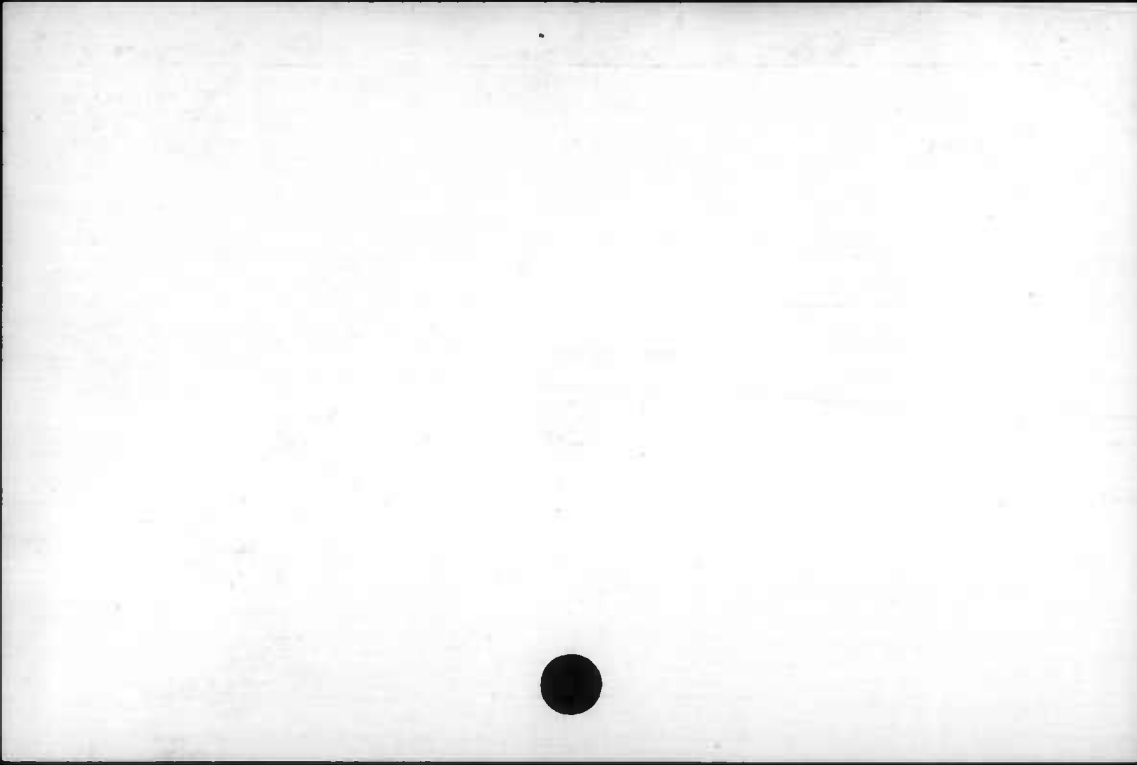
Signature of
Physician

Charles Bagley M.D.
Bagley, Md.

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1909		8	30	Age 91	1	24	
Sex	Male	Color or Race	White	Birthplace	Germany		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Frederick Bruninger				Germany			
Mother's Maiden Name				Mother's Birthplace			
Dora Krout				Germany			
Name of person giving Information				How related to deceased			
Josie Bruninger				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Illness	How long	154
Immediate	Exhaustion	How long	10 yrs
Are the name, age, sex, color, date and place correctly given above?		Signatures of Physician	
		Address	
		W. B. Turk M.D.	
		Dorlingby Md	
Accident or Suicide			



Name
in
Full

Earl W. Cullum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Creswell		County Harford		MARYLAND	
Date of death		1909	Month Aug	Day 30 th	Age —	Months 3	Days —
Sex male		Color or Race white		Birth-place Creswell			
Occupation —				Where Residing if not at place of death Creswell			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Richard H. Cullum		Father's Birthplace Maryland					
Mother's Maiden Name Rosa M. Thompson		Mother's Birthplace ..					
Name of person giving Information Richard Cullum		How related to deceased Father					

CAUSES OF DEATH

Primary	Convulsions	(71) How long 2000 hours
Immediate		How long
Are the name, age, sex, color, data and place correctly given above?		Yes
Signature of Physician Leymus L. Brown		Address Sub Registrar
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Richard Dubree

CERTIFICATE OF DEATH

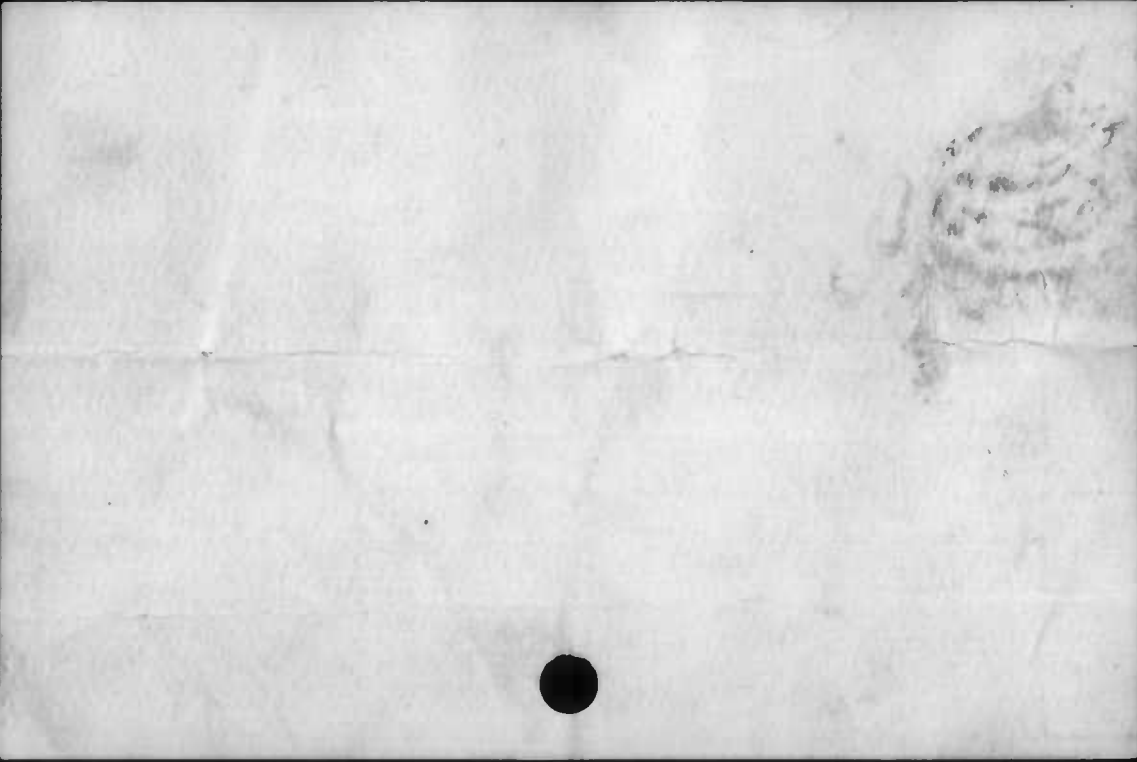
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ham-de Grace</i>		Town <i>Ham-de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909 Aug.</i>		Month <i>Aug.</i>		Day <i>7</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ham-de Grace</i>			
Occupation <i>Infantry</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Stephen Dubree</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Florence Boyd</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Stephen Dubree</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>157</i>
Immediate <i>Died 21 Hours</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Howard</i>
	Address <i>Ham-de Grace</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elsworth Leon Elliott

Town *Sherridan* County *Harford* MARYLAND

Died at *Sherridan*

Date of death 1909 *Aug.* Month *29* Day *0* Age *0* Months *3* Days *10*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *none* Where Reeking if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *James A. Elliott* Father's Birthplace *Virginia*

Mother's Maiden Name *Wynnie B. Woodward* Mother's Birthplace *Maryland*

Name of person giving Information *James A. Elliott* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro-Enteritis* How long *3 days*

Immediate *Meningitis* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *A. H. White*

Address

*Sherridan, Md.*Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Freeburger

Town *Poppa* County *Harford*

Died at *Poppa*

Date of death 190 *9* Month *8* Day *23* Age *87* Months *10* Days *—*

Sex *Female* Color or Race *White* Birth-place *Baltimore City*

Occupation *Housewife* Where Residing if not at place of death *at Home*

Married, Single or Widowed *Married* Name of ~~Wife or~~ Husband *George W. Freeburger*

Father's Name *William Hance* Father's Birthplace *Germany*

Mother's Maiden Name *Lost Know* Mother's Birthplace *Lost Know*

Name of person giving Information *George W. Freeburger* How related to deceased *Husband*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Old Age & Heart Failure* How long *1 day*

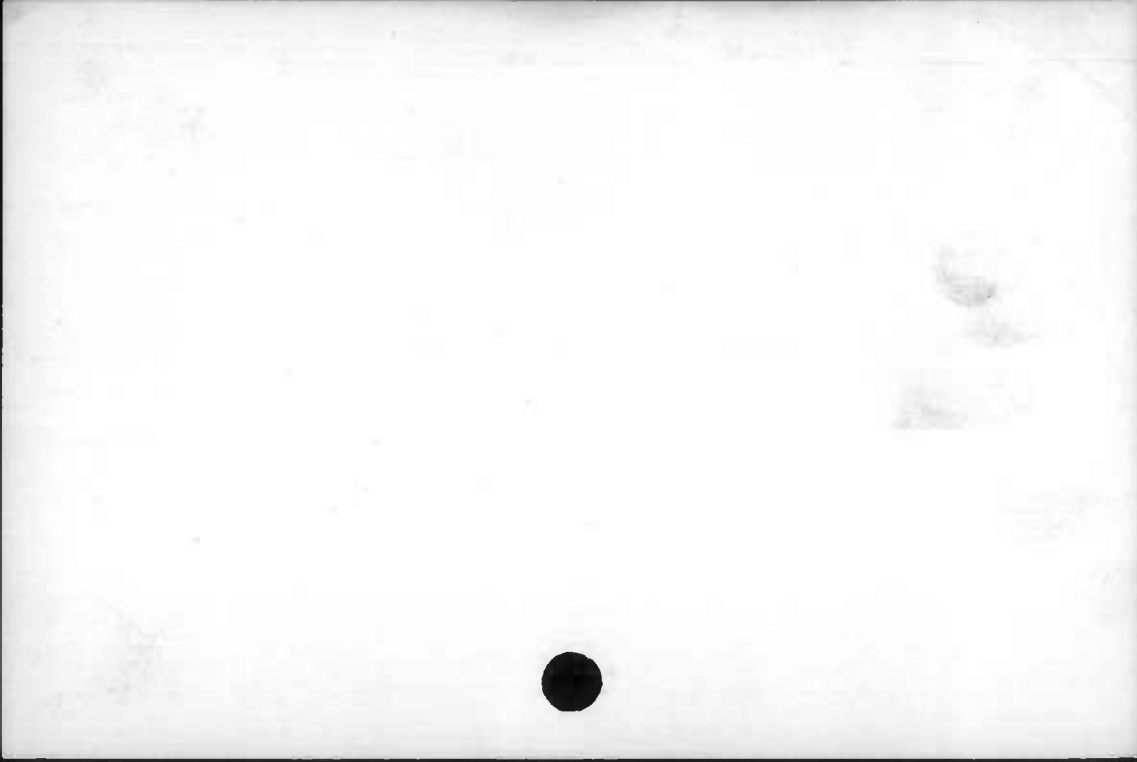
Immediate *Old Age & Heart Failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Charles Corone Chas. Corone*

Address *Sub Registrar Health Mountain Md.*

Accident or Suicide



Name
in
Full

Asbury Harris

CERTIFICATE OF DEATH

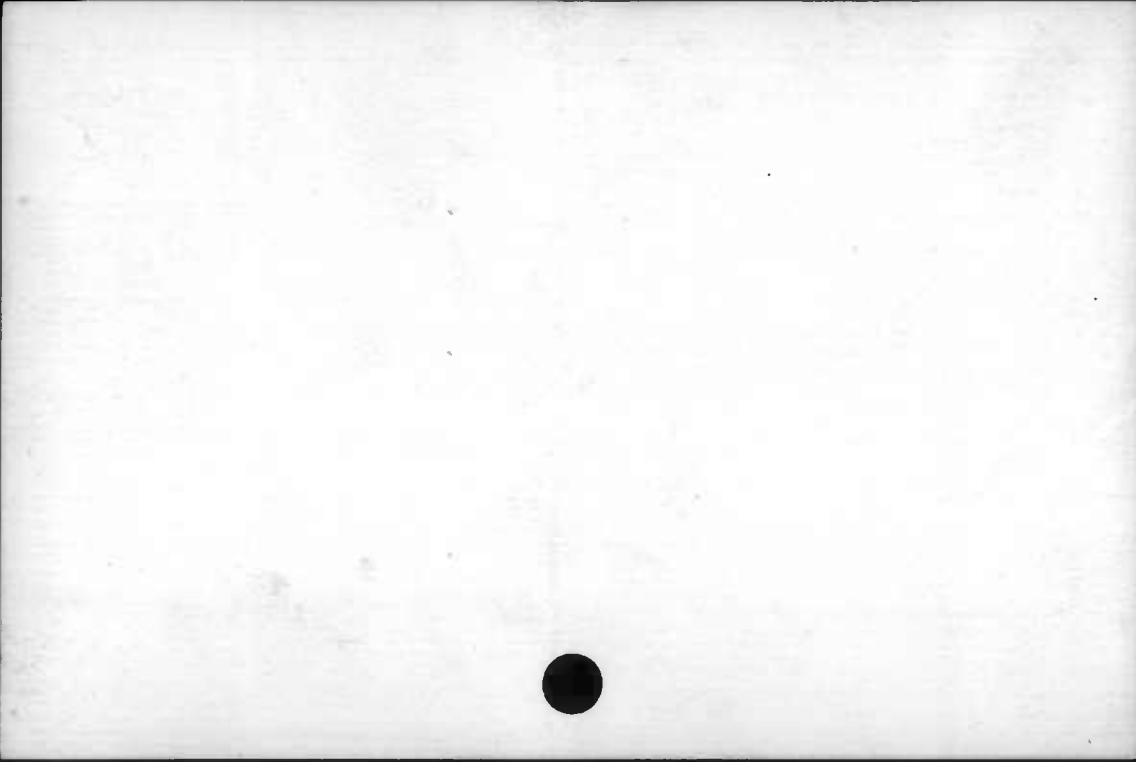
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		8	15	Age 68			
Sex	Male	Color or Race	Black	Birth-place			
Occupation	Laborer		Where Residing if not at place of death		Kingsville		
Married, Single or Widowed	Married		Name of Wife or Husband	Georganna Harris			
Father's Name	Samuel C. Harris			Father's Birthplace	Not known		
Mother's Maiden Name	Not known			Mother's Birthplace	Not known		
Name of person giving Information	John Harris			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Angina Pectoris	How long	80	40 Minutes
Immediate	collapse	How long	not timed	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. Oppenheim		
Address		Abingdon Md		
Accident or Suicide				



Name
in
Full

Herbert Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Year		Months	
1909		8		14		—	
Sex		Color or Race		Age		Birth-place	
M.		Blk		14		Md	
Occupation		Where Residing if not at place of death		—		—	
Schoolboy		—		—		—	
Married, Single or Widowed		Name of Wife or Husband		—		—	
Father's Name		Father's Birthplace		Hazzard Harris		Md	
Mother's Maiden Name		Mother's Birthplace		Cassie Telark		Md	
Name of parson giving Information		How related to deceased		Hazzard Harris		Father	

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

27

10 mo

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

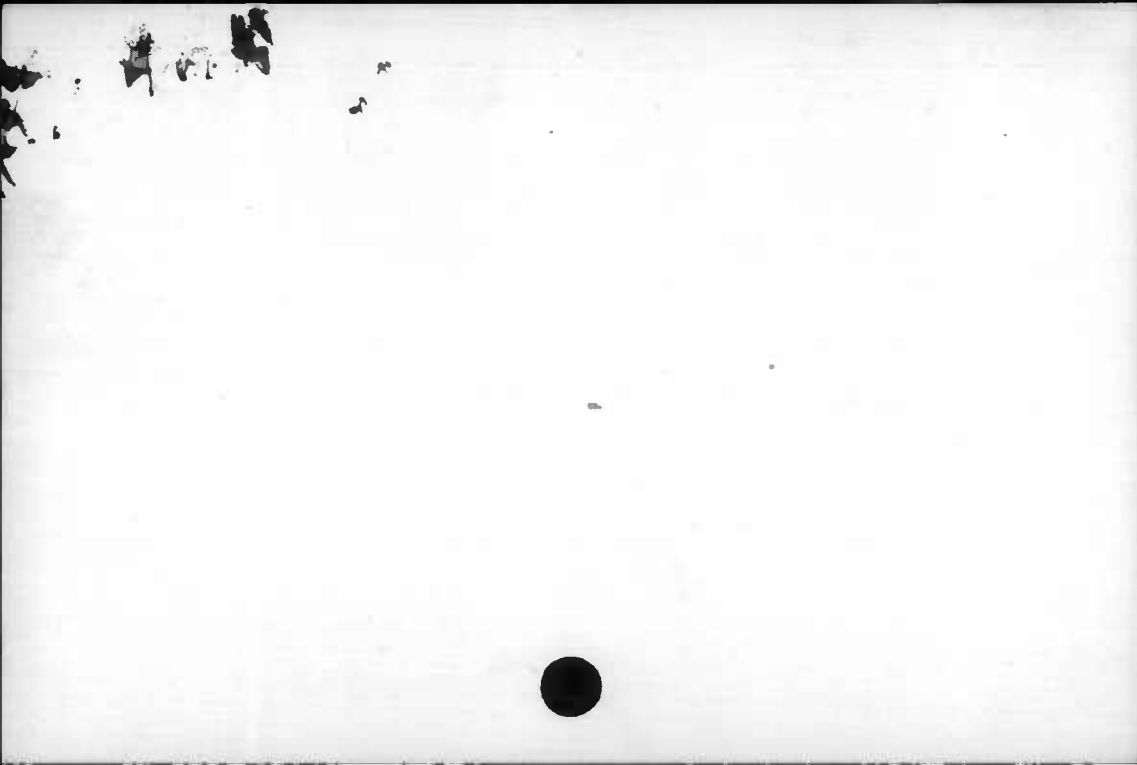
Signature of Physician

Address

W.B. Kirk MD
Darlington Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Clark Heaps</i>		Town <i>Cardiff</i>		County <i>Hartford</i>		State <i>MARYLAND</i>	
Died at <i>Cardiff</i>		Month <i>Aug</i>		Day <i>9</i>		Age <i>59</i>	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>9</i>		Age <i>59</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married , Single or Widowed		Name of Wife or Husband					
Father's Name <i>Augustus Heaps</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sarah Ann Carlson</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving Information <i>Beckie Heaps</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Three years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. E. Arthur</i>
	Address <i>Cardiff Md</i>
Accident or Suicide <i>No</i>	

Mrs Emory Scarff

Blue Man

From

Mrs James Gallion
Blau Pills.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Infant *Horton*
 Died at *Harford* *Harford*
 Town County

MARYLAND

Date of death 1909 *Aug.* *1* Age *—*
 Month Day Years Months Days

Sex *Male* Color or Race *White* Birth-place *Harford*

Occupation *—* Where Residing if not at place of death *.. ..*

~~Married~~, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Milna</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Aug</i> ^{Month}	<i>1</i> ^{Day}	<i>26</i> ^{Years}	<i>1</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co., Md.</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Milna Md.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>David Kane</i>				
Father's Name <i>Edw. Steward</i>	Father's Birthplace <i>Harford Co., Md.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Harford Co., Md.</i>				
Name of person giving information <i>Mark Brigg</i>	How related to deceased <i>Brother-in-Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Enteritis</i>	How long <i>2 yrs. 6 mos</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>3 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. H. Gonsouk</i>
	Address <i>For... Md. - or</i>
Accident or Suicide?	

had no more
thus rose Lead
General

J. F. H. G.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Koci

Died at *Calvary* Town*Hanford* County

MARYLAND

Date of death *1909 Aug.*Day *10*Age *4-5* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Bohemia*Occupation *Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed *Unknown*Name of Wife or
Husband *Unknown*Father's
Name *Unknown*Father's
Birthplace *Unknown*Mother's
Maiden Name *Unknown*Mother's
Birthplace *Unknown*Name of person giving
In formation *Wm Webster*How related
to deceased

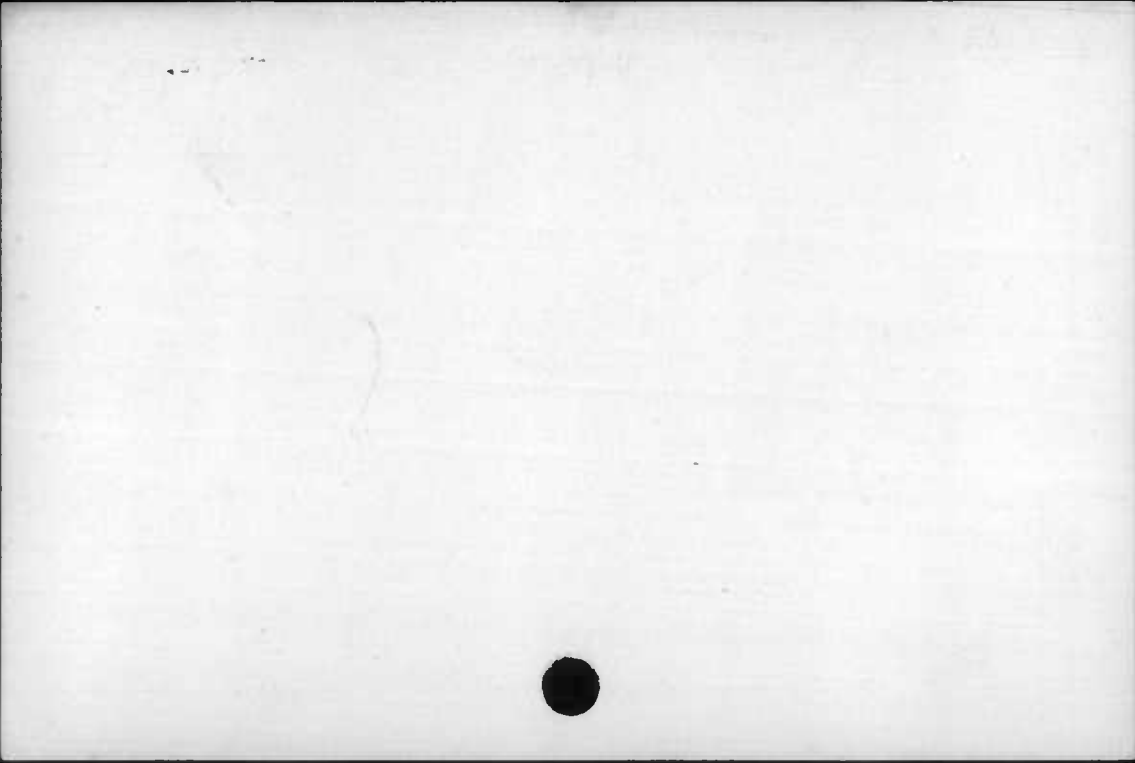
CAUSES OF DEATH

159

PHYSICIAN
OR CORONERPrimary *Bullet wound in head*How long *instant*Immediate *Hemorrhage & shock*How long *instant*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *A. F. Van Bibber*

Address

*134 Air*Accident or Suicide? *Suicide**Md.*



Name
in
Full

Elizabeth Kroll

CERTIFICATE OF DEATH

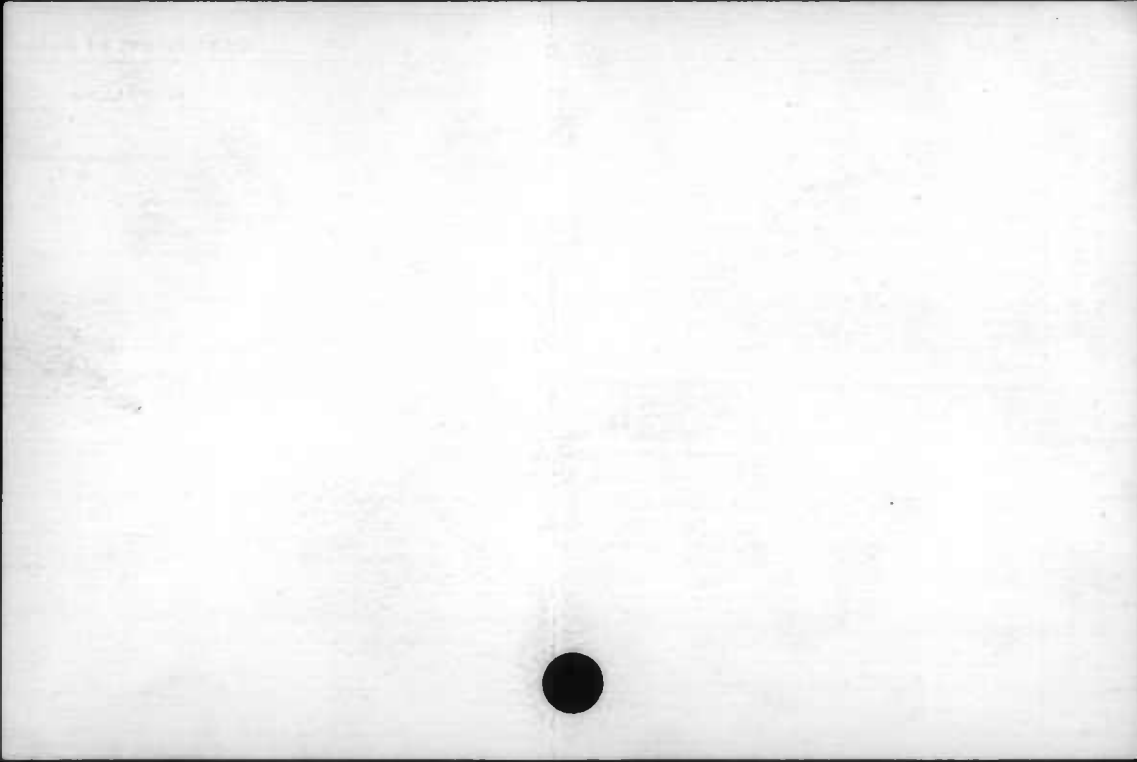
TO BE ANSWERED BY
NEAREST FRIEND

Died at Chapton ^{Town} Sturford ^{County}
 Date of death 190 9 ^{Month} August ^{Day} 21 Age unknown ^{Years} Months Days
 Sex Female Color or Race white Birthplace Germany
 Occupation Housewife Where Residing if not at place of death Germany
 Married, Single or Widowed Widowed Name of Wife or Husband Conrad Kroll
 Father's Name Adam Kenicum Father's Birthplace Germany
 Mother's Maiden Name Unknown Mother's Birthplace Germany
 Name of person giving Information Mary Willick How related to deceased Sister

CAUSES OF DEATH

Primary Heart Degeneration How long 5 years
 Immediate Failure Compensation How long 2 months
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. Kroll
 Address Edgewood
 Accident or Suicide no

PHYSICIAN
OR CORONER



Name
In
Full

Mary Leader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

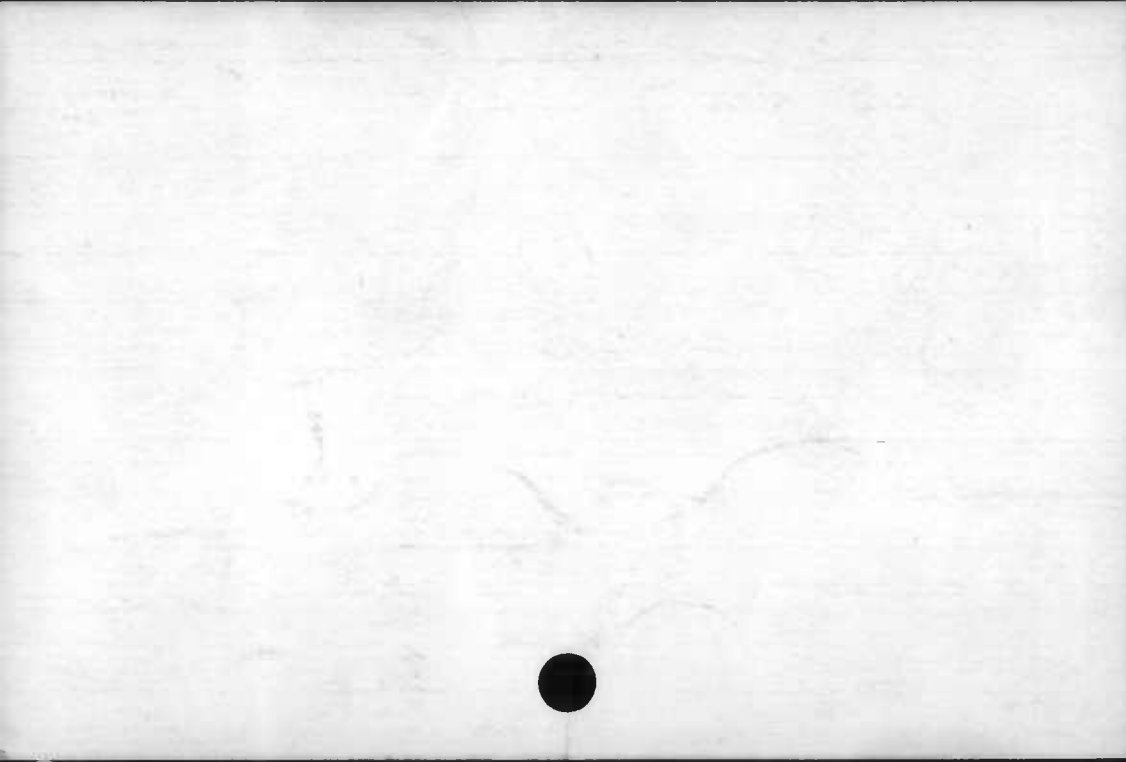
Died <input checked="" type="checkbox"/> near ^{Town} <i>near Perryman</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death 190 ^{Month} <i>9</i> ^{Day} <i>aug.</i>		Age ^{Years} <i>31</i>		^{Months} <i>—</i> ^{Days} <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Harford Co. Md.</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>New York N.Y.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Leader</i>			
Father's Name <i>Geo. Monk</i>		Father's Birthplace <i>Harford Co. Md.</i>			
Mother's Maiden Name <i>Hannah</i>		Mother's Birthplace <i>Harford Co. Md.</i>			
Name of person giving Information <i>James H. Stansbury</i>		How related to deceased <i>Bro. in law</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>9 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Kriete</i>
	Address <i>Abundance, Md.</i>
Accident or Suicide <i>—</i>	



Name
in
Full

Mary J. Mc Gregor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hallston		County Harford		MARYLAND	
Date of death	1909	Month Aug.	Day 30	Age Years	87	Months	Days
Sex	Female		Color or Race	White		Birth- place	Little Britain Township Pa.
Occupation	Housewife			Where Residing if not at place of death Hallston			
Married Single Widowed	Name of Wife or Husband			Not known			
Father's Name	James Curlett				Father's Birthplace	England	
Mother's Maiden Name	Unknown				Mother's Birthplace	Aquane Pa.	
Name of person giving In formation	Mrs Annie Corbin				How related to deceased	Daughter	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Concussion of the Brain

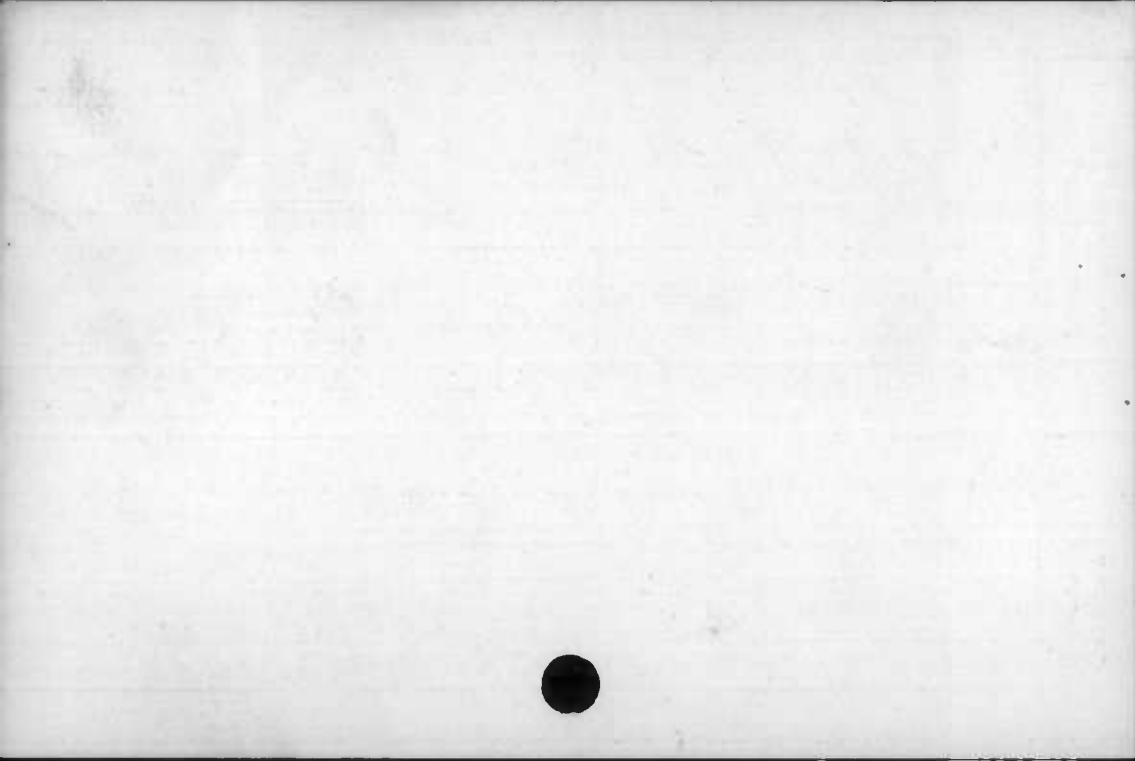
Lungs

James J. H. Gortch

Forth Baltimore Md



Name in Full Lora Elizabeth Miller		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Norrisville ^{Town}		Harford Co. ^{County}
	Date of death 1909 Aug 14		Age 1 Years 10 Months 9 Days
	Sex Female	Color or Race White	Birth-place Maryland
	Occupation None	Where Residing if not at place of death —	
	Married, Single or Widowed Single	Name of Wife or Husband None	
	Father's Name Calarence Miller	Father's Birthplace Maryland	
	Mother's Maiden Name	Mother's Birthplace	
Name of person giving information W. T. Laugherty	How related to deceased None		
CAUSES OF DEATH (1100)			
PHYSICIAN OR CORONER	Primary Acute Enteritis	How long 4 Hours	
	Immediate	How long 10 days	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. Miller & Stirling	
	Address White Hall, Md.		
Accident or Suicide?			



Name
in
Full

Edward Alongzo Mouldsdale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abingdon</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1909	Month	August	Day	27
				Years	
Sex	Male	Color or Race	White	Months	3
Birth-place	Abingdon	Days	19		
Occupation	?	Where Residing if not at place of death	there		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Edward Alongzo Mouldsdale			Father's Birthplace	Abingdon
Mother's Maiden Name	Christine Schillman			Mother's Birthplace	Edgewood
Name of person giving information	Father E. A. M.			How related to deceased	Parent

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Enteritis	How long	12 days
Immediate	Transitional collapse	How long	not timed
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. P. Oppermann
		Address	Abingdon. Md
Accident or Suicide?			



Name
in
Full

George Stephen Philpot-

CERTIFICATE OF DEATH

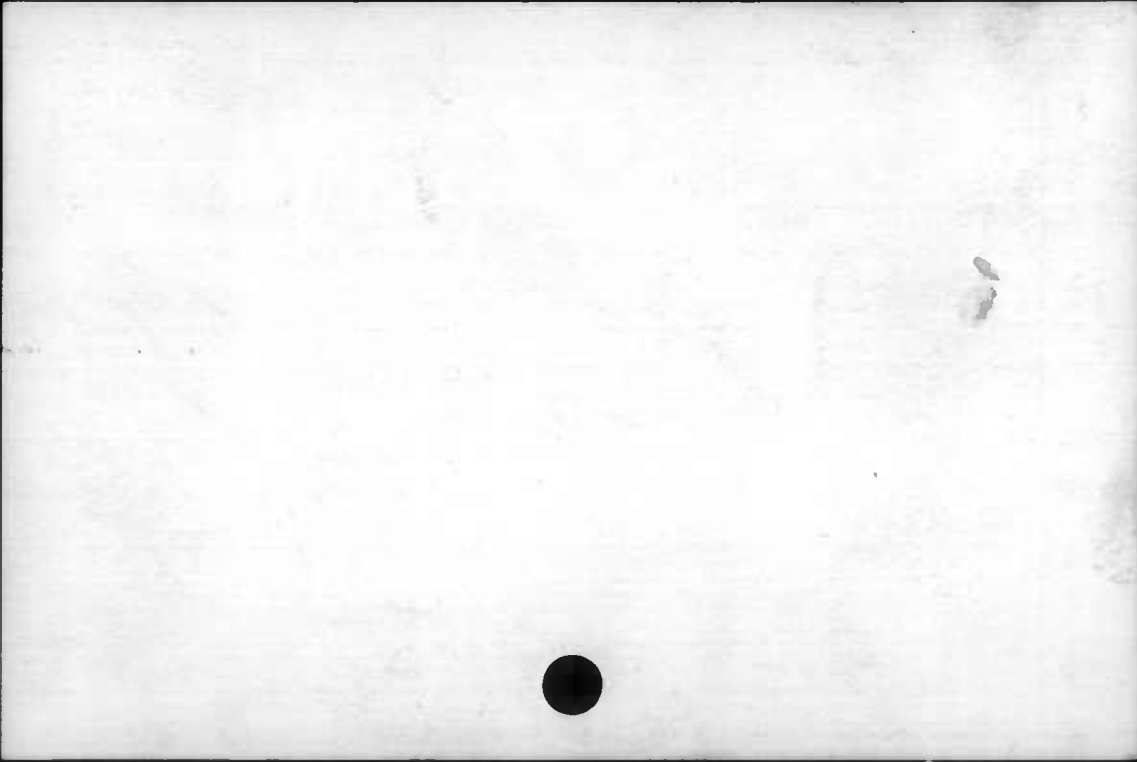
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death		Month 1909	Day aug	Age	Years 14	Month	Days Stillborn
Sex		male		Color or Race		white	
Birth-place		Havre de Grace					
Occupation				None			
Where Residing if not at place of death				Same			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Stephen Philpot				Father's Birthplace	
Mother's Maiden Name		Vida Hurp-				Mother's Birthplace	
Name of person giving Information		Stephen Philpot				How related to deceased	
						Father	

CAUSES OF DEATH

Primary	Stillborn	How long	X
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		ye	
Signature of Physician		J. L. Hopkins	
Address		Havre de Grace	
Accident or Suicide		No	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Robert Price

Town

Harv de Grace

County

Harford

MARYLAND

Died at

Date

of death

1909

Month

8

Day

31

Age

Years

Months

9

Days

Sex

male

Color or
Race

White

Birth-
place

Harv de Grace

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry H Price

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Sadie Evans

Mother's
Birthplace

Harford Co. Md

Name of person giving
In formation

Henry Price

How related
to deceased

His father

CAUSES OF DEATH

179

Primary

Marasmus

How long

3 mo

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Steiner

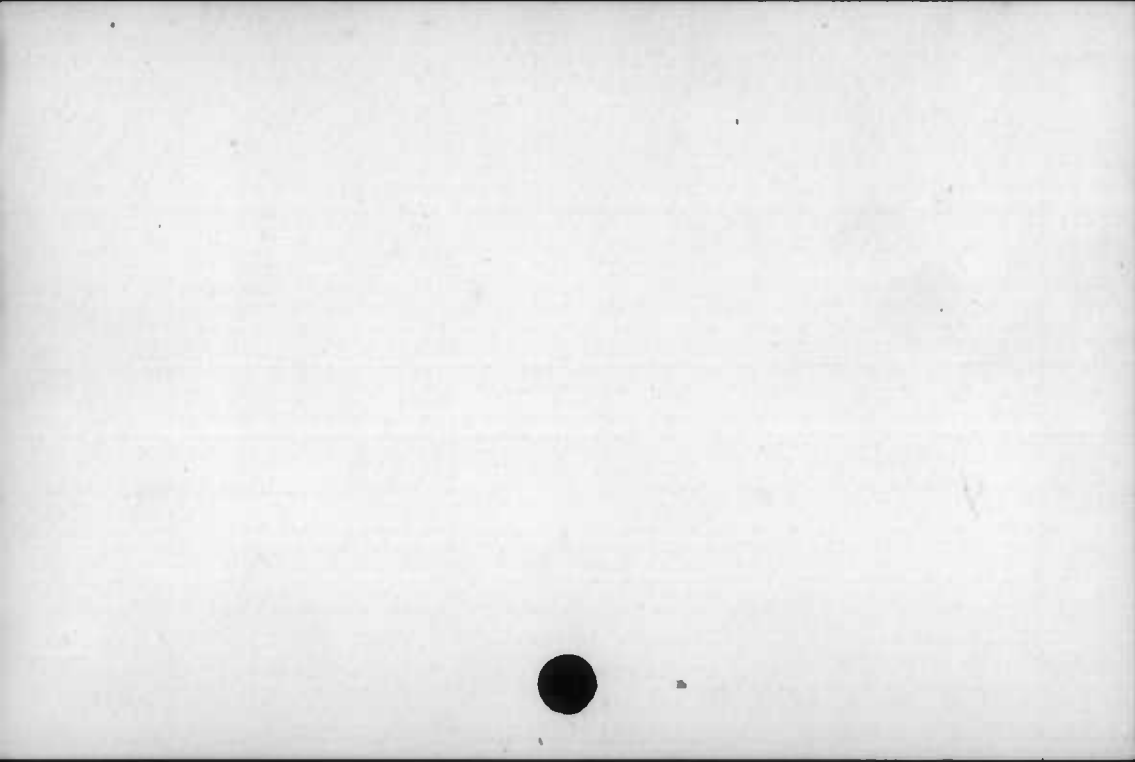
Address

Harv de Grace

Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

Isaac C. Pyle
Christman Hill
1909 Aug 11 Age 94 6 29

Sex

Occupation

Color or
Race

Birth-
place

Where Residing if not
at place of death

Married, Single

☒ Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Male
Deputy Sheriff
White
Christman Hill
Elizabeth Pyle
Hauman Pyle
Ann Thomas
Joseph H. Pyle
Md.
Md.
Son

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

154

How long

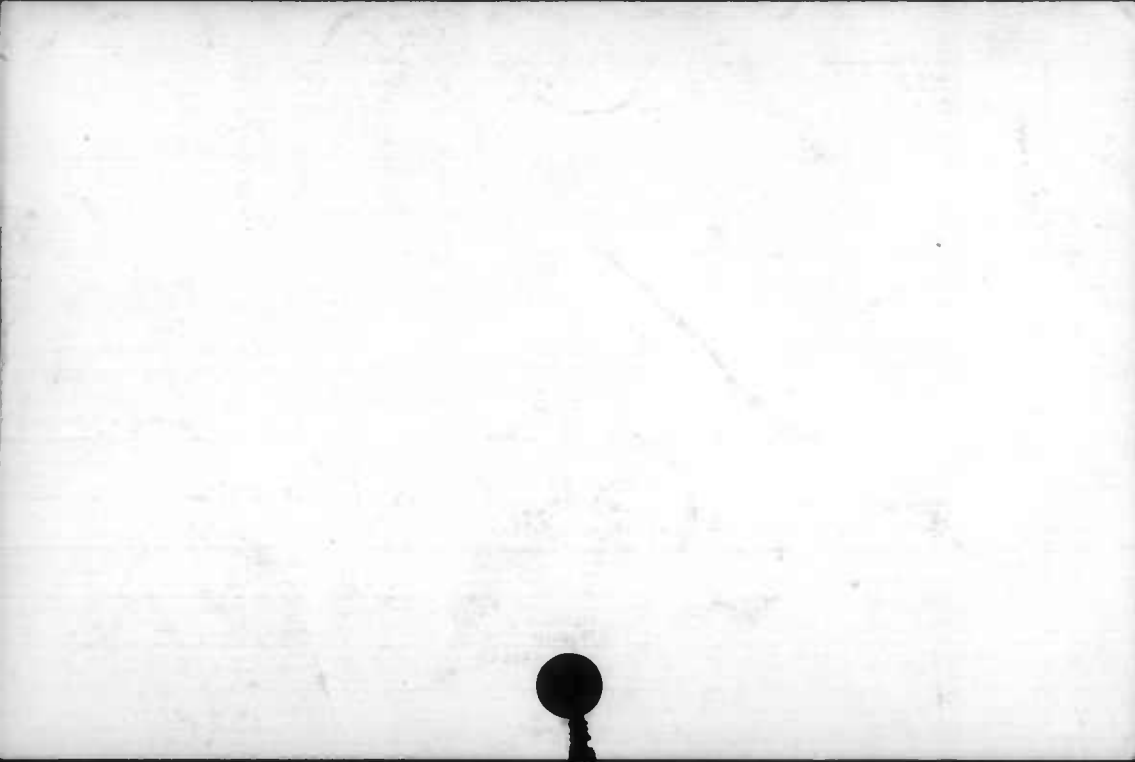
How long

Senile Debility

F. L. Hughes
Bel Air
Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Black Horse</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND
	Date of death <i>1905 Aug 27</i>		Month <i>Aug</i> Day <i>27</i>		Age <i>no</i> Years <i>no</i> Months <i>no</i> Days <i>4 hours</i>		
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>				
	Father's Name <i>Unknown</i>				Father's Birthplace <i>unknown</i>		
	Mother's Maiden Name <i>Maud Robinson</i>				Mother's Birthplace <i>Maryland</i>		
	Name of person giving information <i>Maud Robinson</i>				How related to deceased <i>mother</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(151)</div>							
PHYSICIAN OR CORONER	Primary <i>Premature birth, Perinatal</i>				How long <i>4 hours</i>		
	Immediate <i>W Tuberculosis in mother</i>				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>—</i>				Signature of Physician <i>Wm. and Stirling</i>		
					Address <i>Shane, Md.</i>		
Accident or Suicide? <i>—</i>							



Name
in
Full

Murray T. Romeo

CERTIFICATE OF DEATH

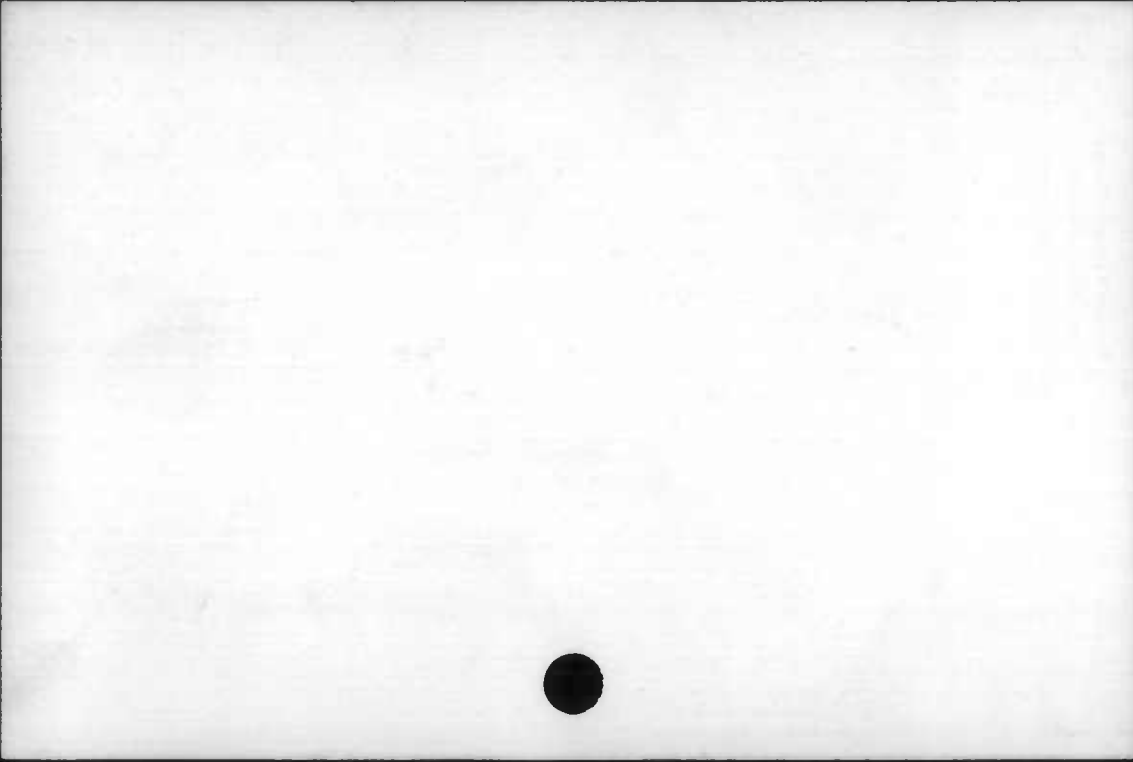
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grace</i> ^{Town}		<i>Gayford</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month}	<i>Aug</i> ^{Day}	<i>10</i> ^{Yrs}	Age	<i>3</i> ^{Months}
					<i>29</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Harrods Grace</i>	
Where Residing if not at place of death			<i>.. ..</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>none</i>			<i>none</i>		
Father's Name	<i>Philipp Romeo</i>			Father's Birthplace	<i>Italy</i>
Mother's Maiden Name	<i>Olive Whittington</i>			Mother's Birthplace	<i>Virginia</i>
Name of person giving Information	<i>Philipp Romeo</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	<i>179</i> ^{How long}	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	^{How long}	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. W. Steiner</i>
		Address	<i>Harrods Grace MD</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph H Siles
Died at *Bel Air* Town *Hanover* County
Date of death 1909 *aug* *3* Month Day Age *73*
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Farmer* Where Residing if not at place of death *Emmorton*
Married, Single or Widowed *Married* Name of Wife or Husband *Josephine H Siles*
Father's Name *John Siles* Father's Birthplace *Md*
Mother's Maiden Name *Helmina Hanby* Mother's Birthplace *Md*
Name of person giving Information *Saura V James* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Cerebral hemorrhage* *64* X How long *4 hours -*

Immediate *Paralysis of Respiration* How long *few minutes*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

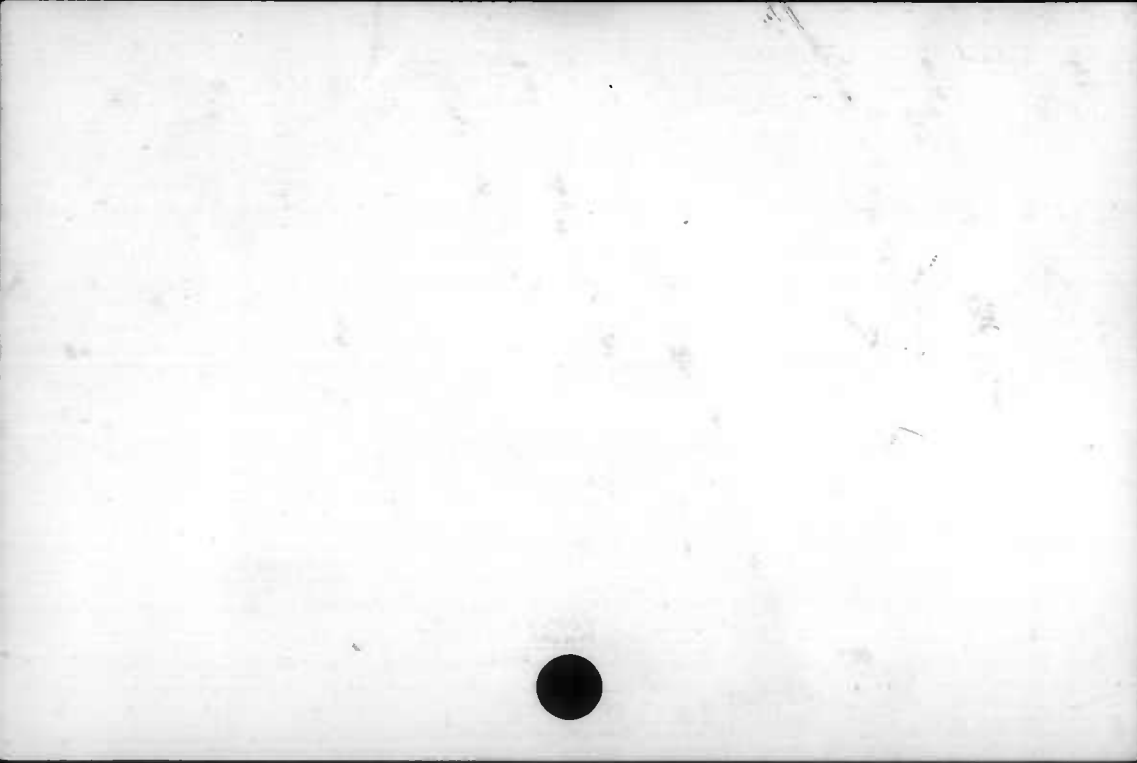
A. F. Van Bibber

Bel Air
Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

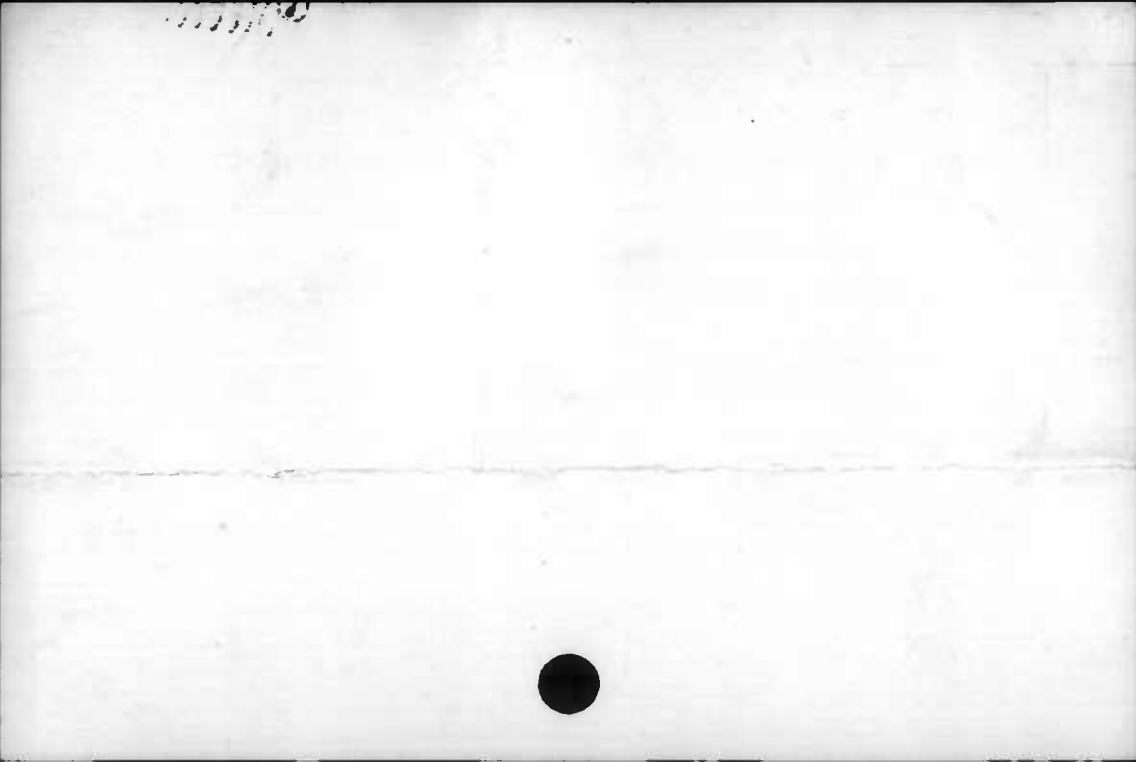
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Muttonsburg</u> Town		<u>Harford</u> County		MARYLAND	
Date of death 1909 <u>August</u> <u>6</u> Month Day		Age <u>14 days</u> Years		<u>14</u> Months Days	
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Muttonsburg</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>same place as above</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>James Snowden</u>	<u>illegitimate</u>		Father's Birthplace <u>Muttonsburg</u>		
Mother's Maiden Name <u>Louisa Peck</u>			Mother's Birthplace <u>ditto</u>		
Name of person giving Information <u>Matilda Peck</u>			How related to deceased <u>gd mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General feebleness</u>	<u>151</u> How long <u>2 weeks</u>
Immediate	<u>Heart failure, Congestion of lungs</u>	How long
Are the name, age, sex, color, data and place correctly given above?	<u>yes</u>	Signature of Physician <u>Ephraim Hopkins MD</u>
		Address <u>Darlington</u>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

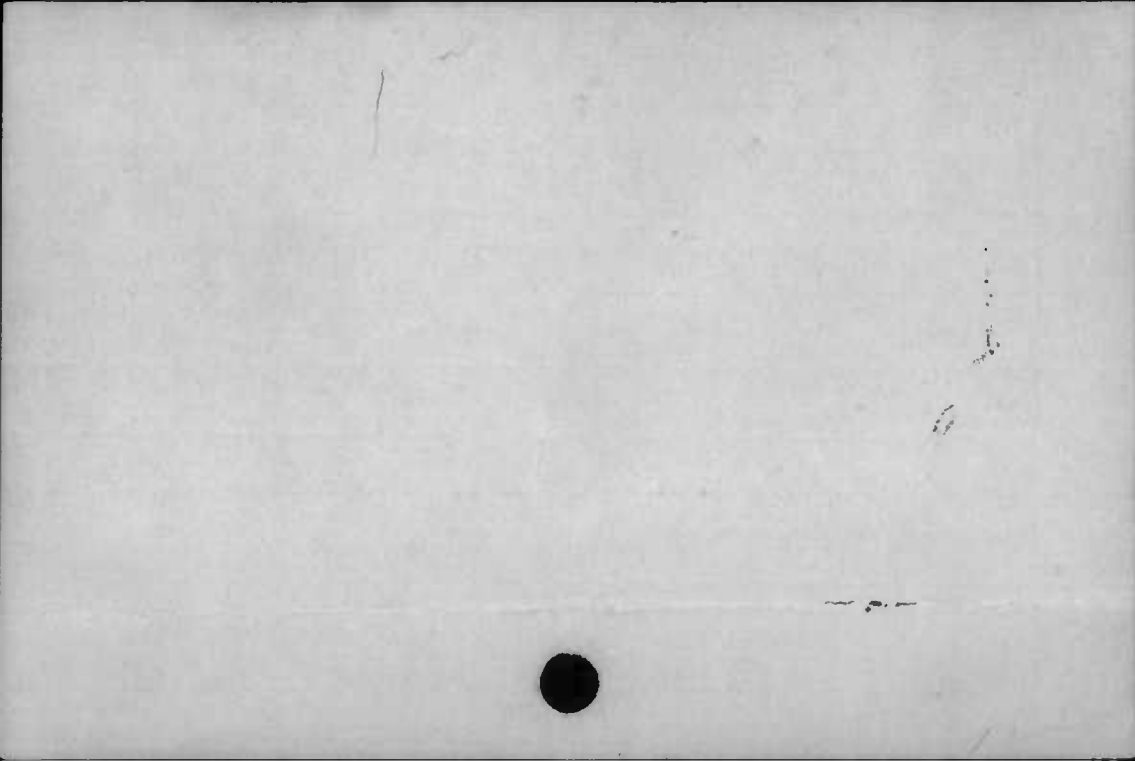
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leesville</i> Town		<i>Franklin</i> County		MARYLAND	
Date of death	1909	Month	August	Day	4
Age		Years	8	Months	11
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Thomas F. Standard</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name		<i>Jessie B. Standard</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information		<i>Jessie Standard</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	105
Immediate	<i>Disease of Brain</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. H. Roberts</i>	
Address		<i>Churchville</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Alleretta Jeannetta Sutton* ^{Town} *Monkton* ^{County} *Harford Co*Date of death 190*9* ^{Month} *08* ^{Day} *2* ^{Year} *60* ^{Months} ^{Days}Sex *Female* Color or Race *White* Birth-place *Manor, Baltimore Co*Married, ~~Single~~ *Married* or ~~Widowed~~ Occupation *Housewife*Name of Wife or Husband *Luther Sutton*Father's Name *Hanson A Troyer*Father's Birthplace *don't know*Mother's Maiden Name *Rebecca Rigle*Mother's Birthplace *don't know*Name of person giving information *Luther Sutton*How related to deceased *Husband*

CAUSES OF DEATH

179

Primary *Unknown*How long *not at all*Immediate *Found dead*How long *not at all*

Are the name, age, sex, color, date and place correctly given above?

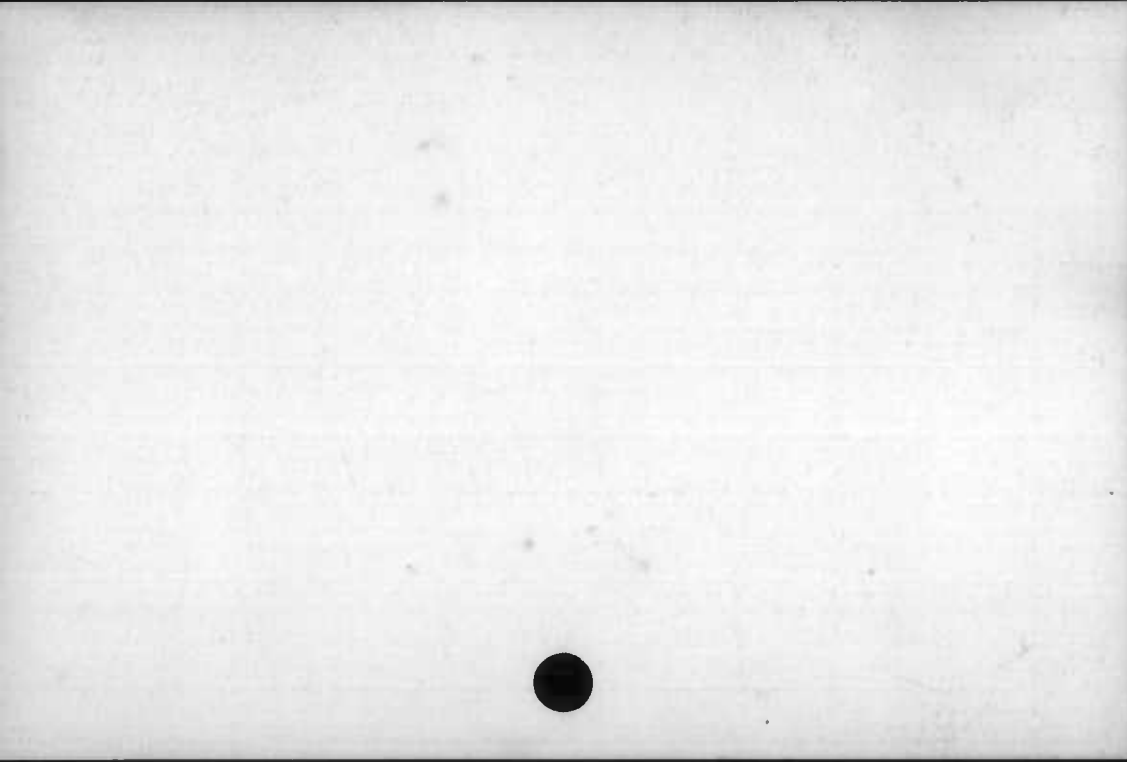
Signature of Physician

Address

*As far as know**White Hall*

Accident or Suicide?

TO BE ANSWERED BY -
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marcin Swiston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *near Abndem* County *Harford* **MARYLAND**

Died at *near Abndem*

Date of death 190 *9* Month *Aug* Day *31* Age *2* Months *5* Days *—*

Sex *Male* Color or Race *Whitey Polish* Birth-place *Polk Ind*

Occupation *—* Where Residing if not at place of death *near Abndem*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Joseph Swiston* Father's Birthplace *P. Poland*

Mother's Maiden Name *Flora Szynkuel* Mother's Birthplace *Austria*

Name of person giving Information *Father* How related to deceased *—*

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary *Gastro Enteritis*

Immediate *Exhaustion*

How long *2 weeks*

How long *Unknown*

Are the name, age, sex, color, date and place correctly given above?

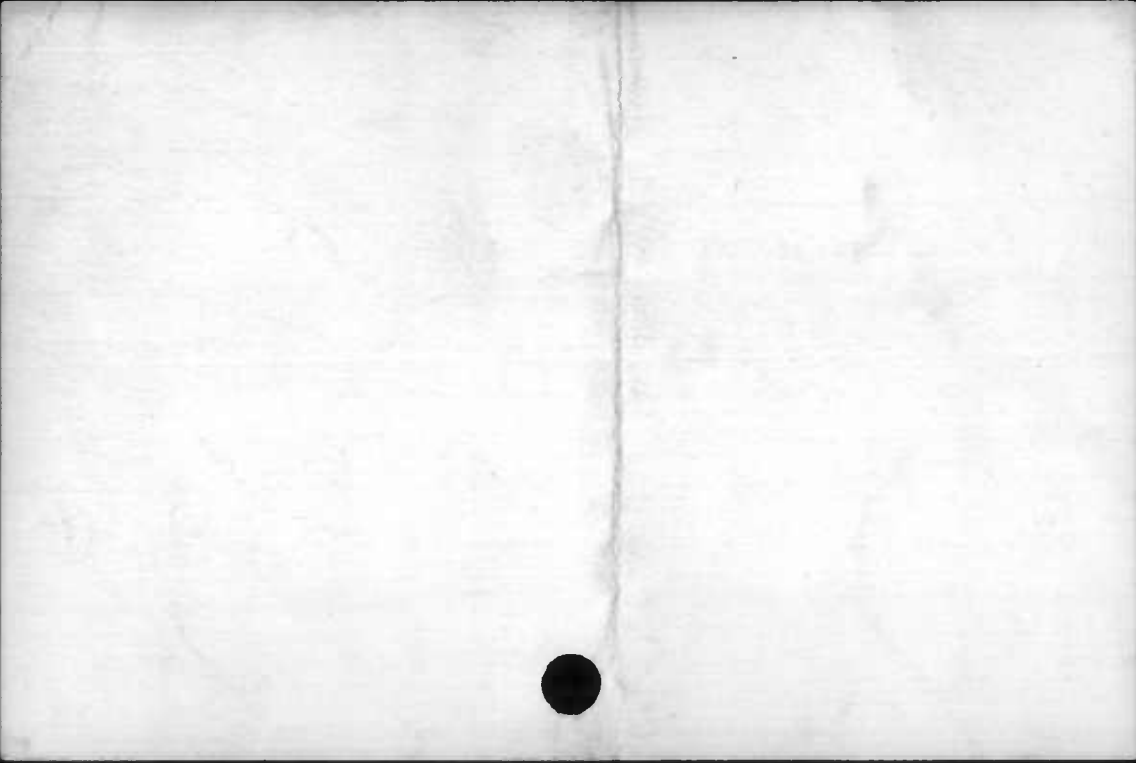
*yes*Signature of
Physician

Address

James H. Kennedy

Abndem Ind

Accident or Suicide



Name
in
Full

Ann Maria Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

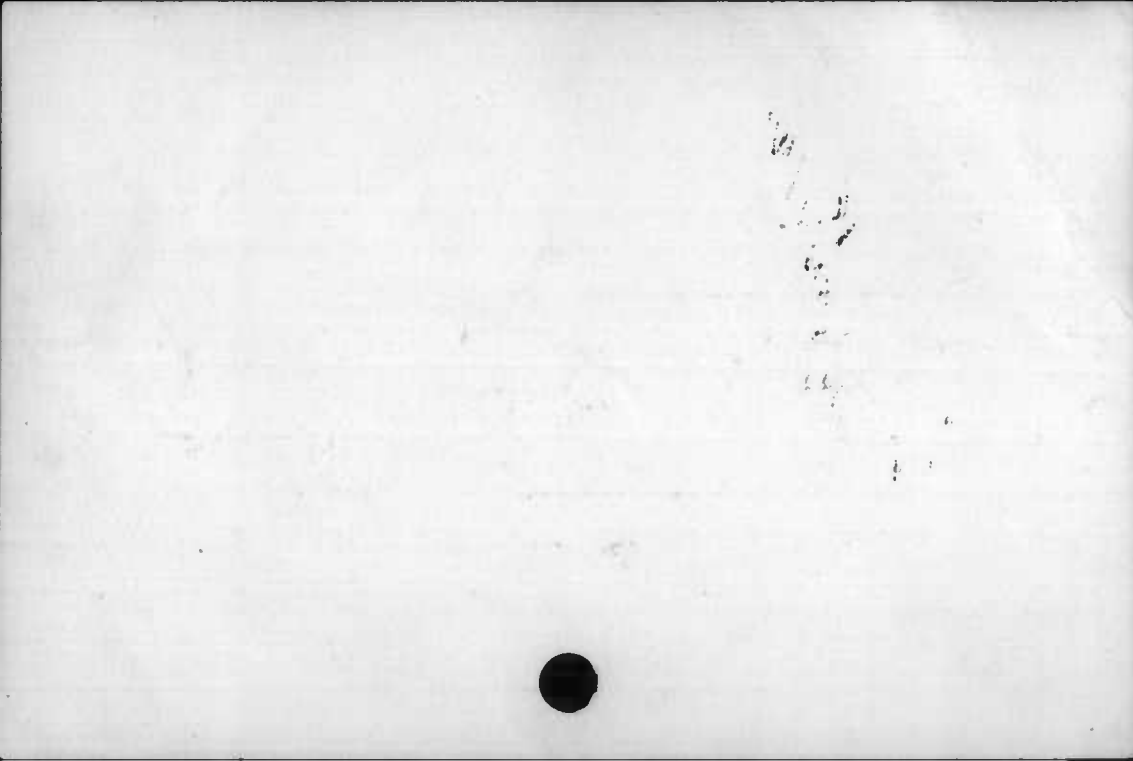
Died at		Town Thomas Run		County Harford		MARYLAND	
Date of death		1909	Month August	Day 15	Age 83	Months	Days
Sex Female		Color or Race White		Birth- place Harford, Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Daniel Watters				Father's Birthplace Harford, Co.	
Mother's Maiden Name		Sarah Watters				Mother's Birthplace Harford, Co.	
Name of person giving In formation		Wilbur Barrow				How related to deceased Cousin	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Aortic Stenosis		How long	no. years
Immediate	Senility		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. Lee Hughes		
		Address Bel Air		
Accident or Suicide?		Cord		



Name
in
Full

Ralph. Wildie Shells

CERTIFICATE OF DEATH

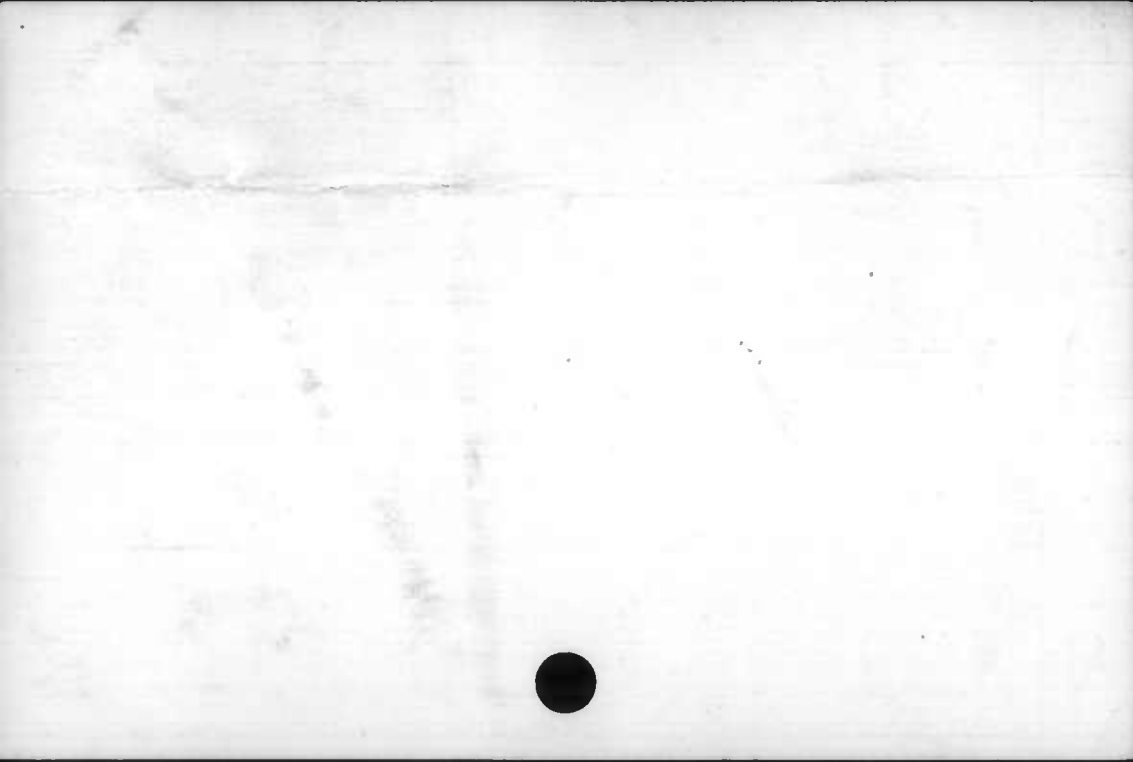
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i> ^{Town}		<i>Hayward</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month} <i>aug</i> ^{Day} <i>23</i>	Age	<i>43</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Hayward Co.</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Ida Osborn</i>		
Father's Name	<i>Wm. Henry Shells</i>		Father's Birthplace	<i>Hayward Co.</i>	
Mother's Maiden Name	<i>Eleanora Cole</i>		Mother's Birthplace	<i>Hayward Co.</i>	
Name of person giving Information	<i>W. A. Shells</i>		How related to deceased	<i>brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>79</i> ^{days} , <i>unknown</i>
Immediate	<i>Valvular disease of the Heart 4 weeks</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Roberts</i>
		Address	<i>Chancellor</i>
Accident or Suicide	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

Died at

Safford Town

County

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1905 Aug 6*

Age *17*

6 Months *24* Days

Sex

Male

Color or
Race

White

Birth-
place

Minnetonka

Occupation

clerk

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

✓

Father's
Name

Wm H. Wood

Father's
Birthplace

Buttfield

Mother's
Name

Bertrude E. Gerhard-

Mother's
Birthplace

Germany

Name of person giving
information

Wm H. Wood

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Tubercular

How long

6 months

Immediate

Pulmonary tuberculosis

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

JH

Signature of
Physician

Address

*J. F. H. Gorsuch
Fork Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

